

Arkansas Tobacco Settlement Commission Meeting Minutes

MEETING DATE: Wednesday, April 20, 2005	MEETING TIME: 1:30 p.m. to 3:40 p.m.
CHAIRPERSON: Gen. (RET) Bill Lefler, DDS, FACP	MEETING PLACE: Donald Reynolds Institute on Aging
PERSON RECORDING: Karen Iyoho	Classroom G180, 4301 West Markham, Slot 748, Little Rock, AR 72205
<p>BOARD MEMBERS:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Present</p> <p>Gen. (Ret.) Bill B. Lefler, D.D.S., Chairman</p> <p>Kurt Knickrehm</p> <p>Bobbie Davis, Ed. D (designee for Ken James, Ed.D.)</p> <p>Omar Atiq, M.D.</p> <p>June Morgan (designee for Linda Beene, Ed.D.)</p> <p>John Ahlen, Ph.D.</p> <p>Ryan Buffalo, M.D.</p> </div> <div style="width: 45%;"> <p>Not Present</p> <p>Anthony Fletcher, M.D</p> <p>Ken James</p> <p>Linda Beene</p> </div> </div> <p>STAFF:</p> <p>Chiquita Munir</p> <p>Karen Iyoho</p> <p>INVITED GUESTS:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Suzanne McCarthy, UAMS</p> <p>Dr. Becky Hall, Delta AHEC</p> <p>Dr. Claudia Beverly, AAI</p> <p>Robin McAtee, AAI</p> <p>Warren Readnour, Attorney General's Office</p> <p>Leslie Humphries, ABI</p> </div> <div style="width: 30%;"> <p>Judy Smith, AMHC</p> <p>Willa Sanders, CPH</p> <p>James Raczynski, CPH</p> <p>Lo Vongsarabane, AMHC</p> <p>Lynda Lehing, DHS</p> <p>Melissa Dean, DHS (designee for Joni Jones)</p> </div> <div style="width: 30%;"> <p>Melissa Nelson, Associated Press</p> <p>Katherine Stewart</p> </div> </div>	


TOPIC	DISCUSSION	RECOMMENDATION/ACTION	FOLLOW-UP STEPS
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<p>Introduction and Welcome</p>	<p>General Lefler called the meeting to order at 1:45 p.m. General Lefler welcomed everyone to the meeting and introduced Ryan Buffalo, MD, General Practitioner of Heber Springs. Dr. Buffalo was recently appointed by the Speaker of the House, Bill Stovall replacing Susan Barnett as she resigned from commission last year after her motor vehicle accident. Bobbie Davis attended as a designee for Dr. Ken James with the Dept of Education. General Lefler welcomed Karen Iyoho, new employee of the ATSC staff comes from UAMS/ACRC Cancer Control Outreach Center as Administrative Assistant. General Lefler acknowledged the passing of Dr. Boozman, from the Department of Health with a few moments of silence. He thanked all the members of the ATSC programs for attending. Lefler mentioned that all the ATSC programs are making good progress and that RAND did an excellent job in reviewing all the programs and showed a copy of the final publication by RAND, additional copies of the RAND reports can be obtained from the ATSC office.</p> <p>Written handouts were distributed by Chairman Lefler:</p> <ul style="list-style-type: none"> ▪ Meeting agenda ▪ Minutes of the 01/20/05 meeting ▪ Financial Update ▪ Community Grant Interim Reports & Recommendations for continual funding. 		
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TOPIC	DISCUSSION	RECOMMENDATION/ACTION	FOLLOW-UP STEPS
<p><u>Old Business</u></p> <p>Review/Acceptance of Minutes</p> <p>Financial Update</p>	<p>Minutes of the January 20, 2005 meeting were reviewed by Commissioners.</p> <p>General Lefler received notification from the Attorney General's office regarding the estimated amount of the funding for our state's share this year of the master settlement agreement, and our payment is approximately \$53,684,565.13. We are up from last year.</p> <p>Chiquita Munir gave an overview of expenditures taking place in ATSC office. ATSC is on schedule with the budget as far as January is concerned. \$6000.00 left in the budget to use for operating expenses. Expenditures of Professional Fees & Services for RAND Year to date (YTD) as of 3/31/05 is \$235,238.00 Expenditures of the Tobacco Settlement Grant were \$117,648.00 YTD as of 3/31/05 and the YTD Commitments were \$116,807.00. We only expended half of the grant and are waiting on the grantees to request for the other portion of the grant. The part of the carry over was expended at the very end of the year for grants and the amounts listed on the financial statement handouts were from budget 2005.</p>	<p>Motion to approve by: Mr. Kurt Knickrehm Seconded by: Ms. Bobbie Davis.</p> <p>Minutes from January 20, 2005 meeting were unanimously accepted.</p>	

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<p><u>New Business</u></p> <p>Community Grants Interim Reports</p>	<p>General Lefler mentioned that the community grantees were scheduled to submit their interim reports in January and February – Staff (with the assistance of RAND) compiled a summary of those reports.</p> <p>Chiquita Munir explained the full evaluation report that staff and RAND gave on each of the programs. A draft of the full report compiled with recommendations for continued funding with assistance by RAND. The summary report is based on a rating system of the programs in the areas of Program performance, Program features, and Summary ratings of how the program is progressing overall. For each program that has done an exceptional job, were indicated and being considered for continuation of funding at the same amount next fiscal year. ATSC will require programs to request ask an extension for their project at the same amount original funded funds for the highlighted programs. Note: The seven (7) programs that Staff and RAND identified were on schedule with all activities and also has potential to make a strong impact in their community.</p>		

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<p><u>New Business</u> Community Grants Interim Reports cont...</p>	<p>Lefler: of the 7 programs recommended, will the others not be given an option to be funded?</p> <p>Ms. Munir responded: “unless the programs can meet their requirements. We have already committed to paying the other half of the programs funding providing they have met all of the requirements. The 7 programs mentioned would be offered an opportunity funding providing that the Commission agrees.</p> <p>Munir responded that with Staff and RAND’s evaluation, for recommendations for the 7 programs being considered for continued funding for next fiscal year was based on program performances & not on criteria of whether or not they requested for or have need for additional funding. So, in essence, the programs were strictly evaluated on performance and outcome and not because they did not request for additional funding.</p> <p>General Lefler thanked AAI for the use of their facility and congratulated Dr. Beverly and Robin McAtee them on their achievements. AAI was recognized as one of top 10 Geriatric facilities in the country.</p>	<p>Atiq & Ahlen mentioned that the other programs that were not identified should be given a chance to be funded even if they did not mention that they would need additional funding. Atiq does not believe that this should be criteria to determine funding.</p> <p>Lefler entertained the motion that additional funding in the given to 7 programs in the same amount that have met the requirements of the program, In addition to the motion, Ahlen introduced a motion to give Chiquita the option to extend this opportunity to the 7 programs identified given there are available funds.</p> <p>Seconded by John Ahlen.</p> <p>Unanimously approved</p>	

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ATSC PROGRAM BRIEFINGS Donalds Reynolds Institute On Aging : Presenters: Claudia J. Beverly, PhD, RN, FAAN Director, AAI Gwynn Davis, MNSc, CNS, RN Education Coordinator, AAI Robin E. McAtee, PhD, RN Associate Director, AAI	<p>The presentation was in 3 parts: Education; Evaluation & Conclusion & Implications.</p> <p>EDUCATION:</p> <ul style="list-style-type: none">• Education component of each COA is now fully operational. <p>EVALUATION:</p> <ul style="list-style-type: none">• Financial viability of senior health clinics• Patient satisfaction• Initial study to examine impact of AAI – by Lewin• International Longevity Center <p>Financial Viability of Rural Senior Health Clinics:</p> <ul style="list-style-type: none">• This type analysis has not been completed in a rural setting• The 1997 BBA mandated an outpatient prospective payment systems (PPS) <p>Medicare Payment Advisory Commission statement in 2001 that experience and data not available to support the applicability of the outpatient PPS to rural areas.</p>	<p>Case Study Setting and Sample:</p> <p>Rural hospital <130 staffed beds</p> <p>Clinic staffed by interdisciplinary team:</p> <ul style="list-style-type: none">• 1 geriatrician• 1 internist• 1 advanced practice nurse• 1 social worker• Part time nutritionist• Part time pharmacist <p># Visits</p> <table><tr><td colspan="2">Geriatric Clinic Visits</td></tr><tr><td>• Facility Fee APCs</td><td>4490</td></tr><tr><td>• Ancillary APCs</td><td>2239</td></tr></table> <table><tr><td colspan="2">Billable Professional Visits</td></tr><tr><td>• New patient visits</td><td>167</td></tr><tr><td>• Established patient visits</td><td>5244</td></tr><tr><td>• Inpatient visits</td><td>2607</td></tr><tr><td>• Nursing home visits</td><td>1328</td></tr><tr><td>• Other Professional visits</td><td>1205</td></tr></table> <p>Power-point presentation has been enclosed for your viewing purposes.</p> <div> ASTC 4-20-05.ppt</div>	Geriatric Clinic Visits		• Facility Fee APCs	4490	• Ancillary APCs	2239	Billable Professional Visits		• New patient visits	167	• Established patient visits	5244	• Inpatient visits	2607	• Nursing home visits	1328	• Other Professional visits	1205	
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<p>ARKANSAS BIOSCIENCE INSTITUTE (ABI)</p> <p>Presentation Given By Leslie Humphries</p>	<p>ABI-supported research reached a milestone during the first quarter of 2005. On January 27, ABI-funded researcher, Dr. Ralph Henry, Associate Professor of Biological Sciences at the University of Arkansas, Fayetteville, along with Drs. Mike Owens and Brooks Gentry from UAMS, announced the formation of their biotech company, InterveXion Therapeutics, LLC.</p> <p>The company, which just received a \$3.1 million business development grant from the National Institutes of Health, will use genetically modified plants grown in greenhouses – including tobacco plants – to develop monoclonal antibodies to treat drug abuse. ABI member institutions continue to use their funding from the tobacco settlement act to bring in outside funding for ABI-supported research, such as the National Science Foundation, the US Department of Agriculture, and the National Institutes of Health.</p> <p>The University of Arkansas, Fayetteville, reported that grant funding for the quarter totaled approximately \$765,000</p> <p>RAND Health conducted its site visit with ABI on February 15, meeting with members of the ABI Scientific Coordinating Committee.</p>		

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<p>ARKANSAS MINORITY HEALTH COMMISSION (AMHC)</p> <p>Presentation Given By Dr. Judy Smith</p>	<p>The Arkansas Minority Health Initiative mandates that the Arkansas Minority Health Commission (AMHC) establishes and administer screening, monitoring and treatment of hypertension, strokes and other disorders that disproportionately affect the minority groups of Arkansas.</p> <ul style="list-style-type: none"> Continued development of a hypertension database, as mandated by the ATSC legislation. Programming for developing the database is mostly completed, and beta testing will begin the next quarter. This system will allow AMHC to access and analyze demographic and clinical data about participants in the Hypertension Screening and Treatment initiative. Hired a Nurse/Project Manager for the Hypertension Program (Ms. Patricia Minor, R.N.). Ms. Minor has a background in cardiovascular disease critical care nursing and previous experience with a cardiovascular research study. Gave a workshop on optimal measurement of blood pressure according to the protocol recommended by the American Heart Association at the Annual Retreat of the Community Health Centers of Arkansas in January 2005. 	<p>Begun planning for several new long term initiatives: a) a population based representative examination survey focusing on hypertension and cardiovascular disease risk factors in a community in Lee County (City of Marianna), b) a project to estimate the percent of children with hypertension based on screening for blood pressure in a school district in Arkansas. Two potential sources of information for the second project have been identified, the Little Rock School District, and the City of Marianna School District.</p> <p>Kicked off the "Southern Ain't Fried Sunday's Program" in March 2005 (National Nutrition Month) with the initial goal of targeting the minority churches in ten (10) pre-selected counties based on African American population. This program was designed to highlight healthier alternatives to use in southern style cooking and was done in collaboration with American Cancer Society, American Heart Association and the University of Arkansas Cooperative Extension Office. Initial goals were exceeded and the program was expanded to cover all interested churches and organizations statewide. Due to the enormous interest and increased demand for the program, the time for the program was extended to include all of March, April, May and June 2005. Current enrollment is approximately 100 different churches and organizations.</p>	<p>The Arkansas Minority Health Commission worked with the University of Arkansas at Pine Bluff, Jefferson Comprehensive Care Systems, Inc. and Heritage Health Magazine to bring renowned author, J.L. King, well-known HIV/Aids activist to University of Arkansas at Pine Bluff to speak on HIV/Aids and the minority community on February 17, 2005. 600+ students and community members attended.</p>

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<p>COLLEGE OF PUBLIC HEALTH Presentation By Willa Sanders</p>	<p>The mission of the College of Public Health (COPH) at UAMS is to improve health and promote well-being of individuals, families, and communities in Arkansas through education, research, and service.</p> <ul style="list-style-type: none"> • Faculty Development: As of March 31, 2005, COPH has 44 full-time or FTE supported faculty. A national search is still ongoing for the Chair of the Department of Epidemiology and for several other faculty positions. • Program Development: The COPH offered 22 courses this spring; including preceptorship and integration projects on the UAMS campus, and 5 courses on the University of Arkansas at Little Rock (UALR) campus. <p>In consultation with the family of the late Fay Boozman, the College of Public Health has also established the Fay W. Boozman Public Health and Community Service Scholarship fund to help support a deserving MPH student each year. Donations may be sent to the UAMS Foundation, Fay W. Boozman Public Health and Community Service Scholarship 4301 W. Markham, Slot 716, Little Rock, AR 72205.</p>	<p>Honoring the wishes of family, the following statement will be included on the application: "The Fay W. Boozman Public Health and Community Service Scholarship is given because Dr. Boozman believed that public health, community service, and servant leadership were required to fulfill the responsibility of changing lives to healthy living. By submitting this application, you are committing to fulfill Dr. Boozman's calling to serve people."</p>	

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<p>DELTA AREA HEALTH EDUCATION CENTER (Delta AHEC)</p> <p>Presentation By: Becky Hall</p>	<p>The Delta Area Health Education Center (Delta AHEC) was established by the Tobacco Settlement Proceeds Act (July 1, 2001). It is the intent of the Act that "the University of Arkansas for Medical Sciences (UAMS) establish a new Delta Area Health Education Center to serve the following counties: Chicot, Crittenden, Desha, Lee, Monroe, Phillips, and St. Francis. The new Delta AHEC shall be operated in the same fashion as other facilities in the UAMS-AHEC program including training students in the fields of medicine, nursing, pharmacy, and various allied health professions, and offering medical residents specializing in family practice. The training shall emphasize primary care, covering general health education and basic medical care for the whole family. The program shall be headquartered in Helena with offices in Lake Village and West Memphis."</p> <p>The Delta AHEC broke ground for a new \$4 million wellness center that will serve a seven-county area. The 25,000-square-foot facility — complete with a medical library and walking tracks — will replace the 4,500-square-foot building that now houses the Delta AHEC.</p> <p>The new facility, planned to open in spring 2006, will allow the Delta AHEC to increase its capacity to conduct consumer health education programming as well as health professional education.</p>	<p>One RN and a prescription assistance staff person have been hired. Both are African American. The RN will counsel newly diagnosed diabetes patients at Helena Regional Medical Center and refer these patients to the Delta AHEC's diabetic clinic for additional counseling and education.</p> <p>There was increased participation by African-Americans as well as the entire population in established program activities. Across programs, participants identify positive impact.</p> <p>The Delta AHEC received a Blue & You Grant to initiate "Healthy Beginnings," a program to help at-risk, young, poor moms learn to feed their babies in a way that might prevent childhood obesity.</p> <p>Becky Hall apologized for not getting invitations to the commission for the ground breaking.</p>	

TOPIC	DISCUSSION		
<p>MEDICAID EXPANSION (DEPT OF HUMAN SERVICES)</p> <p>Presentation By: Melissa Dean on behalf of Joni Jones</p>	<p>The goal of the Medicaid Expansion program is to create a separate and distinct component of the Arkansas Medicaid Program that improves the health of Arkansans by expanding health care coverage and benefits to specific populations.</p> <p>Pregnant Women Expansion</p> <ul style="list-style-type: none"> Increased the income eligibility limit from 133% to 200% of the Federal Poverty Level Program implemented November, 2001 <p>Hospital Benefit Coverage</p> <ul style="list-style-type: none"> Increased the number of benefit days from 20 to 24 and decreased the co-pay on the first day of hospitalization from 22% to 10% Program implemented November, 2001. <p>Age 19 to 64 Expansion</p> <ul style="list-style-type: none"> Incrementally covers 19 to 64 age group with a limited benefit package Population and limited benefit package defined and submitted to actuarial firm for cost analysis Section 1115 Waiver Concept Paper developed and submitted to CMS on 7/8/02. 	<p>Federal approval to submit Section 1115 Waiver on hold due to CMS concerns regarding cost neutrality.</p> <p>65 and Over Expansion (ARSeniors)</p> <ul style="list-style-type: none"> Incrementally increase coverage to the 65 and over population Implemented November 1, 2002 at 75% of QMB Level Increased to 80% of QMB Level effective January 1, 2003 <p>Current Status</p> <p>DHS and CMS are having continuing discussion regarding the new 1115 Demonstration Waiver submitted by Arkansas on October 22, 2004, entitled the <i>Employer Sponsored Insurance Initiative</i>. This waiver, if approved, will increase health insurance coverage to non-pregnant adults, aged 19-64 of participating employers, whose family income is equal to or less than 200% of the federal poverty level</p> <ul style="list-style-type: none"> In response to a recent evaluation finding by the RAND Corporation, DHS sent notices in December to all of the ARSeniors program participants reminding them of the expanded service coverage 	<p>available to them through this Tobacco Settlement Initiative. Special emphasis was given to prescription drug coverage.</p> <ul style="list-style-type: none"> DHS is working with the RAND Corporation to evaluate program initiatives with the goal of increasing the total number of clients served, especially for the ARSeniors Program.

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<p>TOBACCO PREVENTION EDUCATION PROGRAM (TPEP)</p> <p>Presented By: Lynda Lehing</p>	<p>Community Programs Twenty-nine community program grants were funded for FY 05 (July 1, 2004-June 30, 2005) to enhance their coalition membership; provide education on the harmful effects of second-hand-smoke; reduce youth access; decrease advertising and promotion of tobacco products and promote the utilization of cessation resources. Quarterly reports from the first quarter (July-September 2004) were collected, analyzed and submitted to our evaluators (RAND and Gallup Organization). The coalitions continued previous fiscal year activity, using this quarter to maintain capacity and educate key community leaders of the harmful affects of secondhand smoke. Trainings were also provided on effective reporting and coding activities. There were eleven community changes that occurred during this quarter. Coalitions increased awareness and prevention where community attitude changes, workplace policy changes, individual behavior changes, and public policy changes occurred. Some of those changes include: removal/prohibition of smoking in the dugouts, stands and on the baseball fields; grocery stores went smoke-free and posted "No Smoking" signs; many coalitions implemented 'smoke-free home' programs; a clinic received recognition for their involvement and contribution to the success of their smoke free homes program.</p>	<p>School & Youth Programs Fifteen consortiums of school districts and/or schools were funded for FY 05 (July 1, 2004 to June 30, 2005) to provide tobacco prevention in school communities and strengthen infrastructure for tobacco prevention already in place During the first and second quarters, the school based programs continued to collaborate with local coalitions and provide technical assistance with the youth component of their programs. The school programs also continued to provide information on tobacco free policies and train teachers on implementing school-based curriculum. Twenty applications were received in response to the School-Based Tobacco Prevention Programs FY 06 request for applications. These applications are in the process of being reviewed.</p> <p>Arkansas for Drug Free Youth (ADFY) has been busy with their Youth Leadership Initiative Program. By collaborating and coordinating with key players such as community health nurses, school officials, tobacco free coalitions, the Coalition for Tobacco Free Arkansas (CTFA) and other partners, ADFY has increased the members on the Tobacco Youth Control Board has increased by 31 % and has identified and established youth anti-tobacco coalitions across the state.</p>	<p>Cessation The Cessation Network Request for Proposal review committee met on April 7, 2005 to discuss the proposal submitted by the University of Arkansas—Medical Sciences, College of Public Health. The review committee recommendations will be compiled and contract negotiations will convene within the next month. The new cessation network contract will begin July 1, 2005</p> <p>Statewide Programs The Coalition was very helpful this quarter they did a lot of education and provided technical assistance for our local coalition, workshops for our coalition on how to work within the community. The Coalition provided a lot of education during the legislative session.</p> <p>Advertising, Media & Public Relations Media has done a great job this quarter and has been able to get in-kind for every paid dollar.</p>

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TOBACCO PREVENTION EDUCATION PROGRAM (TPEP) Cont....	<p>SOS Tours, rallies in high-density African American and Hispanic schools in Arkansas, are currently in progress. The new Stamp Out Spit campaign is rolling out in approximately 25 Arkansas communities, mostly in our rural areas.</p> <p>Minority Initiatives We have the matching funds. The University of Arkansas at Pine Bluff (UAPB), Minority Initiative Sub-Recipient Grant Office (MISRGO) sub-grantees (24 currently funded) continue to educate the public on tobacco's danger and on the harmful effects of second-hand-smoke; reducing youth access; decreasing advertising and promotion of tobacco products and promoting the utilization of cessation resources. The second round of site visits will begin in early May 2005.</p> <p>The 2nd Annual Clearing the Air in Communities of Color conference was held February 24-25, 2005 at the Pine Bluff Convention Center</p> <p>Evaluation Gallup continues to provide technical assistance and training to the TPEP team, community coalitions and is doing a special survey looking at college campus while looking at the effectiveness of our cessation program. The third annual program report card is schedule to be out next quarter. Also, an evaluation work plan is being developed for FY 05.</p>		

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<p>QUARTERLY REPORTS TO PUBLIC HEALTH WELFARE AND LABOR COMMITTEES</p>	<p>General Lefler thanked everyone for the presentations on the ATSC programs.</p> <p>The General reflected on 2001 when the commission started with the programs. He thanked each program for what they were doing and accomplishing in the communities. He also stated that during the legislative session we received a lot of opposition, there is always going to be opposition when you are trying to make a difference, but we must show that we are making a difference in our reporting. Our job as a commission is to make sure that we spending money in the most effective way that we can & this can be done in the interim when we go before Public Health Welfare Labor Committee (PHWLC).</p> <p>General Lefler opened the floor for questions or comments.</p>		
<p>RAND UPDATE</p>	<p>Chiquita Munir reported that Rand completed their annual site visits to the programs early spring, and that performance measures have been updated for all the programs.</p> <p>Rand will be here in July for the next commission meeting. Rand will develop an interim report for the commission to review in June prior to the meeting July.</p>		

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MEETING ADJOURNMENT	<p>Next meeting is schedule for July 20, 2005.</p> <p>General Lefler thanked every one for coming and closed the meeting at 3:40 pm.</p>		